



Federal Executive Board of Minnesota

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June 21, 2001

Memorandum

To: All Federal Agency Heads and Key Postal Service Officials

From: Alan Steger, Chair 

Subject: FEB IDP Assessment Workshop for Federal Employees
Attn: Agency HR/Training

As many of you know, the Federal Executive Board of Minnesota, the U. S. Office of Personnel Management, the Interagency Training Council and the Personnel Council have been working to meet your needs regarding succession planning issues. Succession planning is a process that ensures there are highly qualified people to apply for leadership positions, as they become available. It helps maintain organizational effectiveness by establishing a system to develop employees (by enhancing their competencies) and prepare them to be promoted and successful within the agency.

We are very pleased to announce a workshop that will help your current and emerging leaders identify their strengths and areas that could benefit by further development.

The full-day "Leadership Assessment Workshop" will begin with participants completing an Executive Core Qualifications Inventory to identify their managerial competencies. These competencies were recognized by Office of Personnel Management Research Psychologists as being critical to successful leadership and management. Participants will then review and interpret their results. Following this review and discussion, they will begin preparing an Individual Development Plan (IDP) to further delineate their educational/experiential needs.

Since a successful Individual Development Plan requires supervisor involvement, the workshop's instructor will brief the managers/supervisors of the attendees on the events of the day and will provide insight into the IDP development process. Although executive participation is not required, it will greatly enhance the effectiveness of the workshop. We strongly encourage top-level managers to attend the briefing, for which there is no charge.

If you have any questions about this workshop or briefing, please feel free to call Diane Granos, OPM, at 612-725-3499, Jim Cellette, INS at 612-725-1886 or Ray Morris, FEB at 612-713-7200. Registrations should be sent directly to the CASU.

Thank you for your continued support of the Federal Executive Board's education initiatives.

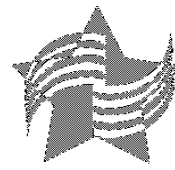
Chair
Alan Steger

First Vice Chair
Colonel Dean Despinoy

Second Vice Chair
Diane Langer

Executive Director
Raymond Morris

Staff Assistant
Margaret Geisler



CASU
National Network. Local Services.

**INTER-AGENCY TRAINING COUNCIL
TRAINING ANNOUNCEMENT**

LEADERSHIP ASSESSMENT WORKSHOP

August 2, 2001

COURSE DESCRIPTION:

This one day intensive workshop helps participants assess their leadership competencies and draft a development plan to reinforce existing leadership strengths and address key areas of need. During the workshop participants are introduced to OPM's Executive Core Qualification (*ECQ*) *Inventory*, use the inventory to complete an assessment of their existing leadership potential, review and interpret their inventory results, and draft individualized leadership development plans.

See attached separate announcement of 2-hour preview for managers of workshop participants.

COURSE OUTCOMES:

As a result taking this workshop, participants will have:

- ☐ Become familiar with core competencies for great leadership;
- ☐ Identified and understood their individual leadership strengths and development needs;
- ☐ Drafted a personalized plan to reinforce existing leadership strengths and address key areas of need.

COURSE INSTRUCTOR:

Joe Wienand, Director, OPM Western Management Development Center, Denver CO

WHO SHOULD ATTEND:

Intended for GS 9-13 agency employees who demonstrate the desire and potential to become tomorrow's leaders in our federal community. This workshop is limited to a maximum of 75 participants.

DATE:

August 2, 2001

TIME:

8:00 a.m. – 4:30 p.m..

LOCATION:

Bishop Henry Whipple Building, Room 570
1 Federal Drive, Ft. Snelling, MN

COST:

\$60.00 per participant.

YOUR INPUT IS REQUESTED:

If there are potential / emerging leaders in your agency who should participate in this session but are unable to do so, please advise the Interagency Training Council of this fact by telephone so they can determine if additional sessions should be offered. Questions or comments regarding this workshop can be directed to Interagency Training Council members Diane Granos (612) 725-3499 or Jim Cellette (612) 715-1886.



INTER-AGENCY TRAINING COUNCIL
TRAINING ANNOUNCEMENT

MANAGER'S PREVIEW:
LEADERSHIP ASSESSMENT WORKSHOP

August 1, 2001

DESCRIPTION:

This 2-hour preview of the *Leadership Assessment Workshop* offered on August 2nd is targeted to the managers of workshop participants. The preview offers an overview of the workshop and explanation of the Executive Core Qualification (ECQ) Inventory assessment instrument. Managers review and discuss their role in supporting their participant's leadership development, and have an opportunity to express their own leadership development issues and concerns.

FACILITATOR:

Joe Wienand, Director, OPM Western Management Development Center, Denver CO

WHO SHOULD ATTEND:

Managers of participants in the August 2nd *Leadership Assessment Workshop*,

DATE:

August 1, 2001

TIME:

1:30 p.m. – 3:30 p.m..

LOCATION:

Bishop Henry Whipple Building, Room 570
1 Federal Drive
Ft. Snelling, MN

COST:

None

LEADERSHIP ASSESSMENT WORKSHOP
REGISTRATION FORM

SEMINAR DATE: August 1 and 2, 2001

(This form is good only for the date indicated. Please do not alter.)

(Please note that some form of payment or obligating document must accompany this form.)

1. Enclosed is AGENCY CHECK ☐ PERSONAL CHECK(S) ☐
PURCHASE ORDER ☐ CREDIT CARD ☐
or TRAINING FORM ☐ (Check one)
in the amount of \$_____, for _____ attendees.
2. Agency: _____
Agency Address: _____

Agency Contact: _____
Telephone: _____
Fax: _____

Special Needs: (interpreter, etc. Note: cost of interpreter is the responsibility of the requesting agency) _____

RETURN TO:

CASU
BHW Federal Building Box 2
1 Federal Drive
Fort Snelling, MN 55111-4058

COST: \$60.00 per Federal Employee

Registration will be by means of the attached registration form. Please do not modify the form; and please include all appropriate information (incomplete forms will be returned without action). Complete the form and forward it to the CASU office. The registration form must include the payment at the time it is received in order to ensure enrollment in the training. Training forms, agency purchase orders, personal checks or agency checks will be accepted as forms of payment. **Please make checks payable to "CASU."** We reserve the right to limit agency participation when demand exceeds capacity.

NOTE: REGISTRATION DATES ARE FINAL! (BONAFIDE EMERGENCIES, ILLNESSES, ETC. MAY CONSTITUTE REASON FOR RESCHEDULING.) CHANGES MUST BE IN WRITING TO REFLECT "CHANGE FROM/TO DATE" AND SIGNED BY THE AGENCY REPRESENTATIVE. A SUBSTITUTE MAY ALSO BE SENT. NO REFUNDS CAN BE MADE. AGENCIES SUBMITTING OBLIGATING DOCUMENTS (DD FORM 1556, SF 182, ETC., WILL BE BILLED FOR "NO SHOWS.")

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Immediate Supervisor

INTER-AGENCY TRAINING COUNCIL
TRAINING ANNOUNCEMENT

MANAGER'S PREVIEW:
LEADERSHIP ASSESSMENT WORKSHOP

August 1, 2001

REGISTRATION FORM

MANAGERS PREVIEW DATE: August 1, 2001

(This form is good only for the date indicated. Please do not alter.)

Agency: _____

Agency Address: _____

Agency Contact: _____

Telephone: _____

Fax: _____

Special Needs: (interpreter, etc.) _____

RETURN TO:

CASU

BHW Federal Building Box 2

1 Federal Drive

Fort Snelling, MN 55111-4058

COST: None (part of Leadership Assessment Workshop)

MANAGER'S PREVIEW:
LEADERSHIP ASSESSMENT WORKSHOP

REGISTRATION SHEET:

Manager Name[illegible]



CASU

National Network. Local Services.

COOPERATIVE ADMINISTRATIVE SUPPORT UNIT

Box 2 • Bishop Henry Whipple Federal Building • 1 Federal Drive • St. Paul, MN 55111
(612) 970-5588 FAX (612) 970-5687

CREDIT CARD ORDER FORM

Agency name: _____

Agency Address: _____

City, State and Zip code: _____

Agency Order Reference No. (If applicable) _____

Card Type (Visa or MasterCard) _____

Name as it appears on the card _____

Card Number: _____

Expiration Date: _____

Name and Date of class: Leadership Assessment Workshop, August 2, 2001

Names: _____

Signature of Authorizing Person: _____

Amount to be charged: _____ Date _____